

JUL 06 2009

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: _____
Rosalind Franklin University of Medicine and Science

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____
Rosalind Franklin University; Rosalind Franklin University Health System

Address of Service Provider: 3333 Green Bay Road, North Chicago, IL, 60064

Name of Agent Designated to Receive Notification of Claimed Infringement: Richard Loesch

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Information Technology Services Dept., 3333 Green Bay Road, North Chicago, IL, 60064

Telephone Number of Designated Agent: 847-578-3000

Facsimile Number of Designated Agent: 847-578-3202

Email Address of Designated Agent: dmca-agent@rosalindfranklin.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: June 3, 2009

Typed or Printed Name and Title: Richard Loesch, Chief Information Officer

SCANNED 07 21 - 2009

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

RECEIVED

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